

Application No. (if known): 10/087,329

Attorney Docket No.: 57534 (47793)

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Request for Continued Examination Transmittal (1 page);

Fee Transmittal (1 page);

Amendment Under 37 C.F.R. § 1.114 (6 pages);

Charge \$810.00 to deposit account 04-1105; and return receipt postcard.

BOS2 671320.1

PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known								
				Application Number 10/087,329-Conf. #3044								
				Filing Date		March 1, 2002						
For FY 2008				First Named In		Takashi Nara						
F01 F1 2006				Examiner Name S. Dagnew								
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3622								
TOTAL AMOUNT	OF PAYMENT	Attorney Docket No. 57534 (47793)										
METHOD OF	METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP												
For the	above-identified dep	osit account, the D	Director is	hereby authorize	ed to: (checl	k all that apply)						
x C	harge fee(s) indicate	d below		Charg	je fee(s) indi	icated below, ex	cept for th	e filing fee				
x Ci	harge any additional e(s) under 37 CFR 1	fee(s) or underpay .16 and 1.17	ments o	f x Credit	any overpa	yments						
FEE CALCUI												
1. BASIC FILIN	G, SEARCH, AND E							.,				
	F	ILING FEES Small Entity	SE	ARCH FEES Small Entity		ATION FEES Small Entity						
Application T	ype <u>Fee (</u>		Fee (\$		Fee (\$)	Fee (\$)	Fees P	'aid (\$)				
Utility	310	155	510	255	210	105						
Design	210	105	100	50	130	65						
Plant	210	105	310	155	160	80						
Reissue	310	155	510	255	620	310						
Provisional	210	105	0	0	0	0						
2. EXCESS CLA	AIM FEES							Small Entity				
	Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025											
	ent claim over 3 (inc						210	105				
Multiple depend	•	,					370	185				
Total Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)	Mu	Itiple Depende	nt Claims					
	- 20 =	x = _			Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$	1				
HP = highest num	ber of total claims paid fo	r, if greater than 20.						_				
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)								
3 = x = HP = highest number of independent claims paid for, if greater than 3.												
3. APPLICATIO		s paid for, it greater tha	III 3.									
		xceed 100 sheets	of paper	(excluding electr	onically file	ed sequence or o	computer					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50												
	action thereof. See			• •								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  100 = /50 = (round up to a whole number) x =												
		/50 =		(round up to a who	ole number) x	=	·					
4. OTHER FEE( Non-English	•	() fee (no small en	tity disc	ount)			rees	<u>Paid (\$)</u>				
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00												
SUBMITTED BY												
Signature	<u> </u>			Registration No.	36,984	Telephone	(617) 517	7-5549				
Name (Print/Type) John J. Penny, Jr.				(Attorney/Agent)	33,004	<del> </del>	<del>`                                    </del>					
rame (Fillo Type)	Join J. Felliny, J					Date	April 30,	∠000				